MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I" AMENDMENT AFTER 2 [™] AMENDMENT AS FILED **AFTER** I"AMENDMENT IND. 2 ™AMENDMENT DEP. IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL DEP TOTAL CLAIMS